

Gender and HIV

The facts about women and HIV/AIDS

• Women make up almost two-thirds of the world's 876 million illiterate people. • Women receive an average of 30 to 40 per cent less pay than men for the same work. • Worldwide, there are 90 young women in secondary school for every 100 young men. • In some countries, there are only 60 young women in secondary school for every 100 young men.

Increased vulnerability:

The proportion of adults living with HIV/AIDS who are women has been steadily increasing. In 1997, 41 per cent were women; in 2000, 47 per cent were women.

Cause of death:

AIDS now ranks as one of the leading causes of death among women aged 20 to 40 years in several cities in Europe, sub-Saharan Africa, and North America.

Most affected:

Sub-Saharan Africa is the only region in the world in which more women than men are infected with HIV and dying of AIDS. There are estimated to be 13.3 million women living with HIV/AIDS compared to 10.9 million men, and around 12 to 13 women become newly infected with HIV for every 10 men.

Concern for young people

Studies show that women and men become infected with HIV at different ages, with women becoming infected at younger ages than men.

All over the world, women lack access to relevant information, and the resources and opportunities to develop skills needed to apply that information to avoid HIV infection.

Prevailing views about masculinity and manliness encourage men to demonstrate sexual prowess by having multiple sexual partners, and by consuming alcohol and other substances that may lead to risk-taking and violence.

In cultures where women are the primary source of food for the household, if a woman becomes ill there is likely to be a shortage of food.

Gender inequalities in access to medical treatments and health services also limit women's access to HIV/AIDS treatment, care and support, including anti-retroviral therapies. However, in many parts of the world, men may also have difficulty accessing HIV/AIDS services because these services are typically located in health facilities that primarily serve women, such as pre-natal and family planning clinics.

Gender-related inequalities threaten the right to overall good health - an essential aspect of human security - and add to HIV vulnerability.



Economic security and opportunity increase individual and collective capacities for HIV prevention and care.



Poverty aggravates lack of access to education and health services and other economic resources; dislocation due to cross border or internal migration in pursuit of work; engagement in risk occupation for survival reasons – all factors that increase vulnerability to HIV.

The poverty experienced by women and men in developing countries has been deepened by increasing global economic inequalities.

In many communities, women have a key role in ensuring economic security for their families. But unequal gender relations and unequal access to economic resources have made women poorer than men.

There is evidence from all regions globally that the major driving force behind sex work, whether commercial or occasional, is economic hardship. Sex work is likely to put women at more risk of HIV infection – for example, because most clients don't want to use condoms.

The HIV epidemic jeopardizes the spirit behind the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, which emphasize the responsibility of all national governments to ensure that education is offered and availed of without discrimination. Education establishes conditions that reduce HIV vulnerability and provides a mechanism for the delivery of AIDS education, care and support.

Many sub-Saharan African countries are witnessing decreases in school enrolment rates. Some four million children are infected with HIV, and in some countries, the number of primary school aged children will be reduced by 20 per cent.

School drop-outs have increased because of AIDS-related demands. Most affected are girls who are withdrawn or drop out due to caring responsibilities in the family, trauma related to illness and death in the family, and reduced family income resulting in the need to engage in income-generating activities.

The HIV epidemic presents special challenges to the enjoyment of the right to education.

The HIV epidemic will also cause significant reductions in government funding for education, as economies decline and other AIDS-related priorities such as health care compete for available resources. This situation will endanger national development due to the depletion of educated human resources, thus fuelling the vicious cycle of poverty as a factor in HIV vulnerability.

AIDS threatens food security, which relies on women as the primary agricultural workforce.



The Food and Agricultural organization (FAO) forecasts a major agricultural labour shortage in the future, with seven million workers already lost and at least 16 million more that could die before 2020 in sub-Saharan Africa.

With women's decreasing productivity in agricultural production, food security at the household and community levels is seriously threatened. Additionally, specialized skills, practices and customs of indigenous farming methods are lost as well as the knowledge handed down from generation to generation. FAO reports that over the past five years communal agricultural output in Zimbabwe has been cut in half, largely due to AIDS.

The interlinkages between the increase of HIV/AIDS-related mortality, the lack of farm labour and the breakdown of the household economy lead to a breakdown of traditional structures and coping mechanisms. For example, in most affected countries elderly women are compelled to assume the responsibility of caring for their grandchildren when their own children die of AIDS.

In population-based studies worldwide, from ten to over 50 per cent of women report physical assault by an intimate partner. Physical violence, the threat of violence, and the fear of abandonment act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave relationships that they perceive to be risky.

Young women and girls are at greater risk of rape and sexual coercion because they are perceived to be more likely to be free from infection, or because of the erroneous but widespread belief in some regions that sex with a virgin can cleanse a man of infection. AIDS orphans, who are often forced to fend for themselves, are also easy prey for sexual abuse and violence.

The trafficking of girls into prostitution and sexual slavery is another deeply entrenched form of violence against young women. It is fuelled by widespread poverty, international tourism and the forces of globalization. Because many of these women enter receiving countries illegally and are in settings where commercial sex work is illegal, they are not protected by the law, experience greater social stigma as foreign sex workers, and have even less access to social services.

Freedom from violence and sexual coercion is essential to both physical security and reduced vulnerability to HIV infection.



War and conflict threaten all aspects of human security, and greatly increase vulnerability to HIV/AIDS for all involved.



Conflict settings increase local and regional insecurity, and increase poverty. They can lead to the breakdown of social services and infrastructure, and the lack of food, shelter, medicines, and health care workers. Countries engaged in conflict allocate huge portions of their limited resources to military spending, rather than social services.

Girls and boys are particularly vulnerable to abuse and exploitation, both as civilians and as child soldiers.

In post-conflict situations, local women and girls are at increased risk as they barter or sell sex for survival to occupying or peace-keeping forces. Life in refugee camps poses great hazards for girls and women. HIV/AIDS also hinders the process of post-war reconstruction and reconciliation.

The impact of peace-keeping operations on the HIV/AIDS epidemic is of such concern that in July 2000 the UN Security Council addressed the issue and adopted in resolution 1308 special recommendations for states on prevention measures to be taken. This resolution aims to reduce the high HIV prevalence rates among military forces, which pose threats to HIV infection to the local commune.

Principles and opportunities for action

"...HIV/AIDS has adverse effects on all sectors of society. It is, in fact, the breadth and scope of these effects that make AIDS a threat to human security and a potentially destabilizing force worldwide." **Peter Piot, UNAIDS**

Use a gender approach:

- ☐ Emphasize the role of women and women's organizations in HIV/AIDS policy development, programming and implementation at all levels of government.

Empower both women and men:

- ☐ Engaging men as partners is a critical component in AIDS prevention and care, as in many contexts, men are the decision-makers in matters related to reproductive and sexual health.

Expand the response:

- ☐ An expanded response to the epidemic must be in the context of the implementation of the Beijing's Platform for Action: advocate for women's rights as basic human rights and urge for structural changes, including the transformation of social norms and practices that do not uphold these rights.

Integrate HIV/AIDS into health programmes:

- ☐ An HIV/AIDS component is an essential element in gender-responsive health programmes. It should basically include HIV prevention education, voluntary counseling and testing and diagnosis and treatment of sexually transmitted infections.

Ensure good governance in the context of HIV/AIDS :

- ☐ Aim to strengthen civil and political rights; build resources and skills of affected communities; mobilize all levels and sectors of government to act in unity on the social, economic and cultural obstacles to prevent HIV/AIDS.



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